STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965276	06/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
B & B Home Care 1, Inc	20625 Sw 114 Place Miami, FL 33189	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial survey was conducted on . B & B Home Care I Assisted Living Facility had deficiencies found at the time of the visit.

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview the facility failed to ensure 1 of 3 staff (Staff C). maintain a minimum of 2 hours of continuing education training on providing assistance with self-administered medications on an annual basis.

Findings Include:

Record review for Staff C (caregiver) revealed the was no documentation verifying they received a minimum of 2 hours of continuing education training in providing assistance with self-administered medications and safe medication practices in an ALF. Staff C was last trained on .

On at about 1:20 p.m. the administrator confirmed that Staff C assists the residents with self tered medications and had no received the additional training.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on interview and record review, the facility failed to maintain d io wing completed at least one hour training in policies and procedures regarding ( ) for 1 of 3 sampled employees (Staff B).

The findings include:

A review of the personnel records for Staff B was conducted on . During the review, it was revealed that there was no documentation in the record to show that Staff B completed at least one hour of regarding policies and procedures for within 60 days of the effective date of the rule which was , 2010.

On at about 1:00 p.m. the facility administrator stated that Staff B did not complete at least one hour trair icies and procedures regarding ( ).

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
B & B Home Care 1, Inc
20625 Sw 114 Place
Miami, FL 33189

Dear Administrator:

This letter reports the findings of an abbreviated biennial survey that was conducted on 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305)593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:kb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida